

STATE OF CALIFORNIA • OFFICE OF TRAFFIC SAFETY
CONTRACTUAL SERVICES CHECKLIST & QUESTIONNAIRE
 OTS-85 (Rev. 6/06)

Grant No.	
Sub-Contract No.	
OTS Coordinator	

Sub-Contract Between: _____ **and** _____ **Grant Period**
 thru _____

CBO or Non-Profit Sub-Contractor? ☐ YES ☐ NO

<u>Agency</u>	<u>OTS</u>	<u>Item</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. Sub-contract number assigned?
<input type="checkbox"/>	<input type="checkbox"/>	2. Sub-contract amendment number assigned, if applicable?
<input type="checkbox"/>	<input type="checkbox"/>	3. Parties to sub-contract identified?
<input type="checkbox"/>	<input type="checkbox"/>	4. Term of the sub-contract defined?
<input type="checkbox"/>	<input type="checkbox"/>	5. Cost of the sub-contract clearly expressed, including maximum amount to be paid and amount to be paid?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are identified costs allowable, per Grant Program Manual (GPM), Chapter 2?
<input type="checkbox"/>	<input type="checkbox"/>	7. Payment terms stated; including any percentage of retention and budget?
<input type="checkbox"/>	<input type="checkbox"/>	8. All sub-contractors agree to abide by the General Terms, Conditions, and Certifications contained in OTS GPM, Chapter 6, Exhibit 6-A.
<input type="checkbox"/>	<input type="checkbox"/>	9. Sub- contract signatures are included?

Contractual Services Questionnaire

This questionnaire is to be completed for each contractual service agreement/sub-contract/Memorandum of Understanding (MOU) entered into that will be reimbursed under an OTS Grant Agreement. An individual knowledgeable in the grantee's documented procurement policies should complete the questionnaire. The completed checklist and questionnaire with a copy of the fully executed agreement/sub-contract/MOU must be sent to OTS prior to submission of a reimbursement claim that requests contractual services reimbursement costs.

- What was the method of procurement?
☐ Request for Proposal ☐ Invitation for Bid ☐ Other
☐ Sole Source ☐ Exemption from Bidding
- If sub-contract award is to other than the lower bidder, please explain reason(s).
- What was the basis for determining that the price or rate is reasonable?

4. Is the sub-contractor a not-for-profit or community-based organization?

☐ YES ☐ NO

If YES, the following provisions must be included in the terms of the agreement:

- a. Compensation will be for actual costs and on a reimbursement basis.
- b. Only those costs in the attached detailed budget/budget narrative will be reimbursed.
- c. Source documentation supporting billed costs must be submitted with invoice.

5. If the sub-contractor is a non-profit corporation or community-based organization, is sub-contract over \$150,000?

☐ YES - Attach a copy of the pre-award review ☐ NO
(OTS Grant Program Manual, 6.9) **or**
justification for waiver.

6. Has your agency contracted with this entity before?

☐ YES ☐ NO

OTS-85 Completed By: _____
Type or Print Name and Title

Phone: _____

Grant Director
Name and Title: _____
Type or Print Name and Title

Phone: _____

Grant Director
Signature: _____

Date: _____

OTS USE ONLY

- ☐ Agreement/Sub-contract/MOU
Acceptable?
☐ Entered into OTS Sub-Contractor
Database

Date Received _____ \$ _____

OTS Coordinator: _____

Comments: